Shipping Seal Number

_____

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY
629 EAST MAIN STREET, RICHMOND, VIRGINIA 23240

CHAIN OF CUSTODY RECORD

SAMPLERS: *(Signatures)* _____

Region or Unit _____

Address: _____

Phone No.: _____ Fax No.: _____

E-Mail: _____

If this is an Emergency (Priority1) sample, please print 24-hour contact name and number. _____

Identifying No.(s) *Case No .or* _____ *PC No. or* _____ *VPDES No. or other* _____

Lat. & Long. *(if known)* _____

STATION ID	DATE	TIME	BASIC STATION DESCRIPTION or CONTAINER TYPE	COMP.	GRAB	TESTS TO BE RUN IN LAB											Observations & Field Tests *(optional for water & air media)*

Relinquished by: *(Signature)*	Date/ Time	Received by: *(Signature)*	Relinquished by: *(Signature)*	Date/ Time	Received by: *(Signature)*
Relinquished by: *(Signature)*	Date/ Time	Received by: *(Signature)*	Relinquished by: *(Signature)*	Date/ Time	Received by: *(Signature)*

Relinquished by: *(Signature)*	Date/ Time	Received in Laboratory by: *(Signature)*	Date/ Time	Shipping seal received n place? ____ Seal No._____ Lab Remarks:

Original to Accompany Shipment; copy to Sampler